

Appendix A

Integrated Care Initiative - Phase 1

Overview

Rhode Island's Integrated Care Initiative (ICI) is being implemented in two (2) phases. The first phase, which started in November 2013 is described here. In Phase 1, eligible individuals were offered a choice of one of three options- *Rhody Health Options*, *Connect Care Choice Community Partners*, or *PACE*. *Connect Care Choice Community Partners* recently ended (January 2016); now the current options for eligible beneficiaries are: 1) *Rhody Health Options* (Neighborhood UNITY), 2) *PACE* if eligible, or 3) Medicaid Fee-For-Service.

1. Rhody Health Options

Rhody Health Options is the health plan option. It's offered through Neighborhood Health Plan of Rhode Island. The program name is 'Neighborhood UNITY.' Neighborhood is the only health plan in Rhode Island participating in the Rhody Health Options (RHO) program (sometimes called "ICI Phase 1"). Neighborhood manages ONLY the Medicaid portion of the covered benefits.

Eligibility

- Over age 21,
- Have Medicaid only coverage and are receiving long-term services and supports (LTSS), OR
- Have Medicare and Medicaid coverage (dual eligible).

Eligibility for ICI Phase 1 differs from eligibility for ICI Phase 2. In the ICI Phase 2, only dual eligibles can enroll in the Medicare-Medicaid Plan (MMP).

People with Medicaid only who currently receive LTSS, would have all of their services included in the health plan. Their benefit package would be fully integrated. They would receive all their Medicaid covered services, including LTSS through Neighborhood.

People with Medicare and Medicaid (duals) would receive their Medicaid services through Neighborhood and would continue to get their Medicare and Part D Prescription Drug Plan separately. Only their LTSS, if they have any, or a few Medicaid covered services will be through Neighborhood UNITY. This was confusing for enrollees in the ICI Phase 1 because they thought their UNITY ID card replaced their Medicare card, but it actually was in addition to it.

5/9/16

2. PACE

For more information on *PACE* see Appendix L.

3. Medicaid Fee-For-Service

Individuals who wish to disenroll from Neighborhood UNITY must call the *Adult Managed Care Line* at (401) 784-8877 and request to disenroll. They will be enrolled in Medicaid Fee-For-Service (FFS).

Appendix B

The Rhode Island Medicaid Program

Medicaid Managed Care vs. Medicaid Fee-For-Service

Most Medicaid beneficiaries are enrolled in a health plan or in ‘managed care.’ They will have a health plan ID card and will also have a Medicaid ID card for a few services that Medicaid covers ‘out-of-plan.’

Some people have Medicaid Fee-For-Service (FFS) coverage instead of having a health plan. The state pays providers directly for services in Medicaid FFS. Individuals who are in Medicaid FFS will have a white Medicaid ‘anchor’ ID card for Rhode Island Medicaid and will not have a health plan ID card.

Medicaid Managed Care Programs

Name of Medicaid Program	Health Plans participating	Product name	Who’s Eligible
Rlte Care	NHPRI UHC	ACCESS UHC Community Plan	Children up to age 19 Parents of children up to age 18 Pregnant women
Rhody Health Partners	NHPRI UHC	TRUST UHC Community Plan	ABD Adults, age 21 and older
Rhody Health Expansion	NHPRI UHC	TRUST UHC Community Plan	Adults, age 19-64 without dependent children
Rhody Health Options-Phase 1	NHPRI	UNITY	ABD Adults with LTSS Dual eligible adults
Rhody Health Options-Phase 2	NHPRI	INTEGRITY	Dual eligible adults

Appendix C

Long-Term Services and Supports (LTSS)

Long-term services and supports (LTSS) are covered benefits in the MMP, however, some services require that a certain level of care and other financial eligibility needs to be met.

Assisted Living
Community Transition Services
Day Supports
Environmental Modifications (Home Accessibility Adaptations)
Personal Choice (a consumer directed option)
Homemaker Services
Meals on Wheels
Nursing Homes
Personal Care Assistance
Personal Emergency Response System
Private Duty Nursing
Rehab Services
Residential Supports
Respite
Rite @ Home (Supported Living Arrangements or 'Shared Living')
Senior Companion (Adult Companion)
Skilled Nursing (LPN) Services
Special Medical Equipment (Minor Assistive Devices)
Supported Employment

Appendix D

Services Covered by Medicare vs. Medicaid

Medicare	Medicaid
Physician services	Medicare cost sharing ¹
Laboratory & diagnostic services	Prescription Drugs not covered by Part D
Hospital services, outpatient	Over-the-counter drugs
Hospital services, inpatient	Home health care
Prescription Drugs ²	Hospice
Home health care	Durable Medical Equipment
Hospice	Transportation to medical appointments
Durable Medical Equipment	Long-term nursing facility services ³
Dialysis	Home and community based services ⁴
Ambulance services	Dental services
Skilled nursing facility care ⁵	Vision services and eyeglasses
	Hearing services
	Personal care assistance

¹ Cost sharing amounts (deductibles, coinsurance, and/or copayments) vary by covered service.

² Covered by Medicare Part D or sometimes included in a Medicaid Advantage plan; Original Medicare also covers a very limited number of prescription drugs under Medicare Part B

³ To be eligible for nursing home care, beneficiaries must be eligible for Medicaid Long Term Care.

⁴ To be eligible for home and community-based services, beneficiaries must be eligible for Medicaid Long Term Care.

⁵ Skilled nursing facility care is paid for by Medicare for up to 100 days per benefit period after a 3-day hospital stay.